

PART B - FEE(S) TRANSMITTAL

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20955 7590 04/02/2010

KNOBBE MARTENS OLSON & BEAR LLP
2040 MAIN STREET
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IRVINE, CA 92614

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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/545,658	04/10/2000	Rick A. Briggs	CKING.036CPI	2398

TITLE OF INVENTION: MULTI-MEDIA INTERACTIVE PLAY SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	<input checked="" type="checkbox"/> No	\$1510	\$0	\$0	\$1510	07/02/2010
EXAMINER	ART UNIT	CLASS-SUBCLASS				
JONES, SCOTT E	3714	472-136000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Knobbe, Martens,

2. Olson & Bear, LLP

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Creative Kingdoms, LLC

Wakefield, RI

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
- Publication Fee (No small entity discount permitted)
- Advance Order - # of Copies _____

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- A check is enclosed.
- Payment by credit card. Form PTO-2038 is attached.
- The Director is hereby authorized to charge ~~any~~ overpayment, to Deposit Account Number 11-1410 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

WTC.A.

Date 4/29/2016

Typed or printed name Christian A Fox

Registration No. 58,507

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